Huntington Hospital

POST-OPERATIVE GENERIC ORDERS

DIRECTIONS: Check boxes to activate orders. Cross out any orders to delete.

PROPHYLACTIC ANTIBIOTIC: ☐ None

☐ Cefazolin (Ancef®) 1 gm IVPB every 8 hrs after OR dose x 2 doses. (OR dose given at _____)
☐ Vancomycin 500 mg IVPB x 1 dose 12 hours after OR dose (OR dose given at _____)
☐ Clindamycin (Cleocin®) 600 mg IVPB every 8 hrs after OR dose x 2 doses
(if allergic to cephalosporins or history of anaphylaxis to penicillicin) (OR dose given at _____)
☐ Cefoxitin (Mefoxin®) 2 grams IVPB every 6 hours after OR dose x 2 doses. (OR dose given at _____)
☐ Unasyn (Ampicillin/Sulbactam®) 1.5 grams IVPB every 8 hours x 2 doses.
Start first dose in PACU. (OR dose given at _____)
Other: _____

THERAPEUTIC ANTIBIOTIC: _____

DVT PREVENTION:

☐ Sequential compression device (SCD) / leg squeezers to lower extremities; Remove every shift, inspect skin, then reapply
☐ Anti-embolic thigh length stockings (e.g., TEDS®); Remove every shift, inspect skin, then reapply
☐ Pharmaceutical prophylaxis contraindicated --- Document Reason: _____
☐ Enoxaparin (Lovenox®) 30 mg subcutaneous Q12 hrs:
☐ Start @ 0600 on POD #1 ☐ Start on POD # _____@_____
☐ Enoxaparin (Lovenox®) 40 mg subcutaneous Daily:
☐ Start @ 2000 on POD #0 ☐ Start on POD # _____@_____
☐ Heparin 5000 units subcutaneous every 12 hrs:
☐ Start @ 0600 on POD #1 ☐ Start on POD # _____@_____

PAIN MANAGEMENT: ☐ See PCA order sheet ☐ See Epidural Pain Management order sheet
☐ See Nerve Block order sheet ☐ Continuous infusion of local anesthetic (On-Q or others)

☐ Morphine Sulfate _____ mg IV every 2 hrs PRN moderate pain
☐ Morphine Sulfate _____ mg IV every 2 hrs PRN severe pain
☐ Hydromorphone (Dilaudid®) _____ mg IV every 2 hrs PRN moderate pain
☐ Hydromorphone (Dilaudid®) _____ mg IV every 2 hrs PRN severe pain
☐ Ketorolac (Toradol®) _____ mg IV every 6 hrs X _____ Days
☐ Ketorolac (Toradol®) _____ mg IV every 6 hrs X _____ Days PRN pain x 4 doses for breakthrough pain
Other: _____

WHEN TOLERATING PO S:

☐ Oxycodone/Acetaminophen (Percocet®) 5/325 mg: 1 tab PO every 4 hrs PRN moderate pain
☐ Oxycodone/Acetaminophen (Percocet®) 5/325 mg: 2 tabs PO every 4 hrs PRN severe pain
☐ Hydrocodone/Acetaminophen (Vicodin®) 5/500 mg: 1 tab PO every 4 hrs PRN mild to moderate pain
☐ Hydrocodone/Acetaminophen (Vicodin®) 5/500 mg: 2 tabs PO every 4 hrs PRN moderate pain
☐ Propoxyphene/Acetaminophen (Darvocet N-100®) 100/650 mg: 1 tab PO every 6 hrs PRN mild pain
☐ Acetaminophen (Tylenol®) 500 mg: 2 tabs PO every 4 hrs PRN minor discomfort / headache or temperature ≥ 101º F

ANTI-ULCER / ANTIEMETICS: ☐ Famotidine (Pepcid™) 20 mg IV every 12 hours
☐ Ondansetron (Zofran®) IV 4 mg every 6 hrs PRN nausea / vomiting.
Other: _____

BOWEL MANAGEMENT: (WHEN TOLERATING PO S) ☐ DSS (Colace®) 100 mg PO BID
☐ Senokot® 2 tabs PO at HS PRN constipation, if no BM by POD # _____
☐ Bisacodyl (Dulcolax®) 5 mg PO or 10 mg per rectum daily PRN constipation, if no BM by POD # _____
☐ Fleets® Enema daily per rectum PRN constipation, if no BM by POD # _____
Other: _____

SEDATIVE/HYPNOTICS: (WHEN TOLERATING PO S) ☐ Zolpidem (Ambien®) 5 mg PO HS PRN insomnia; May repeat x 1.
Other: _____

ADDITIONAL ORDERS: ☐ Diphenhydramine (Benadryl®) 25 mg ☐ IV or ☐ PO every 6 hrs PRN pruritus

_____

PHYSICIAN SIGNATURE: _____ **ID#:** _____ **DATE:** _____ **TIME:** _____

NOTED RN: _____ **ID#:** _____ **DATE:** _____ **TIME:** _____